

Bureau of Prisons
Health Services
Immunizations

Begin Date: 12/01/2020

End Date: 05/03/2021

Reg #: 54353-039

Inmate Name: RATHBURN, ARTHUR

<u>Immunization</u>	<u>Immunization Date</u>	<u>Administered</u>	<u>Location</u>	<u>Dosage</u>	<u>Drug Mfg.</u>	<u>Lot #</u>	<u>Dose #</u>	<u>Exp Date</u>
COVID-19 Pfizer-BioNTech	03/04/2021	Refused						

Orig Entered: 03/04/2021 06:57 EST

Total: 1

BP-A1136
FEB 21

COVID-19 VACCINE CONSENT - INMATE

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I have been provided a copy of the COVID-19 Vaccine Emergency Use Authorization (EUA) fact sheet dated _____. I have had the opportunity to ask questions about the benefits and risks of vaccination, including if I am pregnant, breastfeeding or have a weakened immune system. I will agree to complete the number of vaccine doses as appropriate and indicated by the manufacturer.

Health Questions Prior to COVID-19 Vaccination (Check yes or no)

Yes	No	Health Questions
<input type="checkbox"/>	<input type="checkbox"/>	Are you sick today?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a severe allergy (i.e., anaphylaxis) or an immediate allergic reaction of any severity to any component of this vaccine or to a previous dose of this vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an immediate allergic reaction to any other vaccine/injectable therapy?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other vaccinations in the last 14 days?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received monoclonal antibody therapy for COVID-19 in the last 90 days?

☐ I consent to receive the COVID-19 vaccination.

Dose # (1 or 2)	Vaccine Manufacturer	Lot Number	Expiration Date	Route	Deltoid
1	Pfizer/BioNTech			IM	<input type="checkbox"/> Left <input type="checkbox"/> Right
Inmate Signature					Date
Administered by Signature					Date
Administered by (name/title)					

☒ I decline to receive the COVID-19 vaccination.

Inmate Signature	Date
<i>Pt. Refused to sign</i>	3-4-21
Witness Signature	Date
	3-4-21
(PRINT) Witness Name	

(PRINT) Inmate Name (Last, First)	Register Number	
RATHBURN, ARTHUR	54353-039	
Institution	Unit	Work Assignment
FCI Loretto	K01-042L	

DOCUMENT VACCINE ADMINISTRATION IN BEMR FLOW SHEETS
SCAN VACCINE CONSENT IN BEMR DOCUMENT MANAGER - VACCINATION CONSENT